

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers - Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15  
30M REV. 1-68

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201										
17312										
CERTIFICATE OF DEATH										
17323										
1. DECEASED-NAME (Type or print)		First MARY		Middle ALICE		Last BOWDLE		2a. DATE OF DEATH Month Day Year December 28 1968		2b. HOUR 4 P.M.
3. SEX Female		4. RACE White		5. DATE OF BIRTH March 3, 1895		6. AGE (In years last birthday) 73 YRS.		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HRS. HOURS MIN.
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? USA		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Caroline Md.				
10. CITY OR TOWN OF DEATH Preston		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Pearl Smithson		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) housework		12b. KIND OF BUSINESS OR INDUSTRY Home				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland		13b. COUNTY Caroline		13c. CITY OR TOWN Preston		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER R.F.D. #1		
14. FATHER'S NAME First William T. Middle T. Last Blades		15. MOTHER'S MAIDEN NAME First Alice Middle Dukes Last								
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No		16b. SOCIAL SECURITY NO. (If yes give war or dates of service) 219-34-3846B		17. INFORMANT Address Gifford C. Bowdle, Preston, Maryland, RFD						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Thrombosis</u> DUE TO, OR AS A CONSEQUENCE OF (b) <u>Coronary Atherosclerosis</u> DUE TO, OR AS A CONSEQUENCE OF (c) <u>Generalized arteriosclerosis</u> CONDITIONS, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <u>4201</u>										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 0 ? 10 yr
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)						
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No. City or Town County State						
22a. I certify that (I) (this hospital) attended the deceased from <u>Jan 1, 1961</u> , to <u>Dec 23, 1968</u> , that (I) (we) last saw the deceased alive on <u>Dec 23, 1968</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.										
22b. SIGNATURE <u>H. R. Trapnell</u>		22c. DATE SIGNED		22d. PHYSICIAN'S NAME (Type) H. R. Trapnell, M.D.		22e. ADDRESS Federalsburg, Maryland 21632				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 31, 1968		23c. NAME OF CEMETERY OR CREMATORY Junior Order Cemetery		23d. LOCATION (City or Town) (County) (State) Preston, Maryland				
24. FUNERAL DIRECTOR Framptom Funeral Home, Federalsburg, Maryland		25a. REC'D BY REGISTRAR JAN 13 1969		25b. REGISTRAR'S SIGNATURE Charles Judge						

17112

THE UNITED STATES OF AMERICA

17031

Each album, \$1.50

1. H. Tamm, 1. H. Tamm

17112

1  
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.  
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

17313

CERTIFICATE OF DEATH

17324

1. DECEASED-NAME (Type or print) <b>REBECCA</b>			First Middle Last <b>GODWIN</b>			2a. DATE OF DEATH Month <b>DECEMBER</b> Day <b>27</b> Year <b>1968</b>			2b. HOUR <b>4:24 PM</b>		
3. SEX <b>FEMALE</b>			4. RACE <b>WHITE</b>			5. DATE OF BIRTH <b>JAN. 12 - 1869</b>			6. AGE (In years last birthday) <b>99</b> YRS.		
7a. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>			7b. CITIZEN OF WHAT COUNTRY? <b>USA</b>			8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>			9. COUNTY OF DEATH <b>CAROLINE</b> Md.		
10. CITY OR TOWN OF DEATH <b>GREENSBORO</b>			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) <b>SAHALL GUEST HOME</b>			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) <b>HOUSEWIFE</b>			12b. KIND OF BUSINESS OR INDUSTRY <b>XX</b>		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE <b>MARYLAND</b> COUNTY <b>QUEEN ANNE</b>			13b. CITY OR TOWN <b>BARCLAY</b>			13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			13e. STREET AND NUMBER <b>XX</b>		
14. FATHER'S NAME First <b>WILLIAM</b> Middle <b>STARKEY</b> Last <b>STARKEY</b>			15. MOTHER'S MAIDEN NAME First <b>SARAH</b> Middle <b>EMORY</b> Last <b>EMORY</b>			16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown <b>No</b> (If yes give war or dates of service)			16b. SOCIAL SECURITY NO.		
17. INFORMANT <b>MRS. CLARA HOLDEN - CHESTERTOWN MD.</b>			Address								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiovascular Renal Disease</b> <b>4130</b> DUE TO, OR AS A CONSEQUENCE OF (b) <b>Generalized Arteriosclerosis</b> DUE TO, OR AS A CONSEQUENCE OF (c) <b>442X</b> Nutritional Anemia										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)											
19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)			21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. <b>19</b>			21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>			21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)			21f. LOCATION Street or R.F.D. No. City or Town County State					
22a. I certify that (I) (this hospital) attended the deceased from <b>Nov. 1</b> , 19 <b>66</b> , to <b>Dec. 27</b> , 19 <b>68</b> , that (I) (we) last saw the deceased alive on <b>Dec. 27</b> , 19 <b>68</b> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.											
22b. SIGNATURE <b>Charles H. Stonesifer, M.D.</b>						22c. DATE SIGNED <b>Dec. 28 '68</b>					
22d. PHYSICIAN'S NAME (Type) <b>Charles H. Stonesifer, M.D.</b>						22e. ADDRESS <b>Greensboro, Md. 21639</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>			23b. DATE <b>Dec. 30</b>			23c. NAME OF CEMETERY OR CREMATORY <b>TEMPLEVILLE</b>			23d. LOCATION (City or Town) (County) (State) <b>TEMPLEVILLE MD.</b>		
24. FUNERAL DIRECTOR <b>Edgar L. Lane - Church Hill, Md.</b>						25a. REC'D BY REGISTRAR <b>JAN 6 1969</b>			25b. REGISTRAR'S SIGNATURE <b>Charles Judge</b>		



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH											
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201											
CERTIFICATE OF DEATH											
1. DECEASED-NAME (Type or print)			First MICHAEL			Middle HRYNKO			Last		
2a. DATE OF DEATH			Month December			Day 3			Year 1968		
2b. HOUR			3 P.			M					
3. SEX Male		4. RACE White		5. DATE OF BIRTH June 22, 1917		6. AGE (In years last birthday) 51 YRS.		IF UNDER 1 YEAR MONTHS		IF UNDER 24 HRS. HOURS MIN	
7a. BIRTHPLACE (State or foreign country) Pennsylvania		7b. CITIZEN OF WHAT COUNTRY? USA		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Caroline Md.					
10. CITY OR TOWN OF DEATH Federalsburg			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Houston Branch Road			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Farmer			12b. KIND OF BUSINESS OR INDUSTRY Farm		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Maryland			13b. COUNTY Caroline		13c. CITY OR TOWN Federalsburg		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER Houston Branch Road		
14. FATHER'S NAME Stephen			First Hrynko			15. MOTHER'S MAIDEN NAME Julia			First Nester		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown			(If yes give war or dates of service) WW II			16b. SOCIAL SECURITY NO. 220-03-8423			17. INFORMANT Nannie M. Hrynko, Federalsburg, Md., RFD		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Lymphosarcoma with generalized</b> <b>2001</b> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <b>metastasis</b> DUE TO, OR AS A CONSEQUENCE OF (c) <b>2 years</b>										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <b>2001 Pulmonary tuberculosis, arrested</b>											
19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)			21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Nat while <input type="checkbox"/> at work at work			21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)			21f. LOCATION Street or R.F.D. No. City or Town County State					
22a. I certify that (I) (this hospital) attended the deceased from <b>1960</b> , 19____, to <b>12-3-68</b> , 19____, that (I) (we) last saw the deceased alive on <b>12-3-68</b> , 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.											
22b. SIGNATURE <i>Frank M. Anderson</i>						22c. DATE SIGNED <b>12-4-68</b>					
22d. PHYSICIAN'S NAME (Type) <b>Frank M. Anderson M.D.</b>						22e. ADDRESS <b>Federalsburg, Maryland 21632</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>			23b. DATE <b>Dec. 6, 1968</b>			23c. NAME OF CEMETERY OR CREMATORY <b>Our Lady of Good Counsel</b>			23d. LOCATION (City or Town) (County) (State) <b>Secretary Maryland</b>		
24. FUNERAL DIRECTOR <i>Frank M. Anderson</i>			ADDRESS <b>Frampton Funeral Home, Federalsburg, Maryland</b>			25a. REC'D BY REGISTRAR <b>DEC 16 1968</b>			25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>		

17814

STATE OF TEXAS

17814

symptoms with generalities

late testis

injury to the testis, resulting

1000

1-1-10

11-1-10

11-1-10

11-1-10

DEC 10 1899



Item 10 Film 108  
12/31/68 kb

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

17326

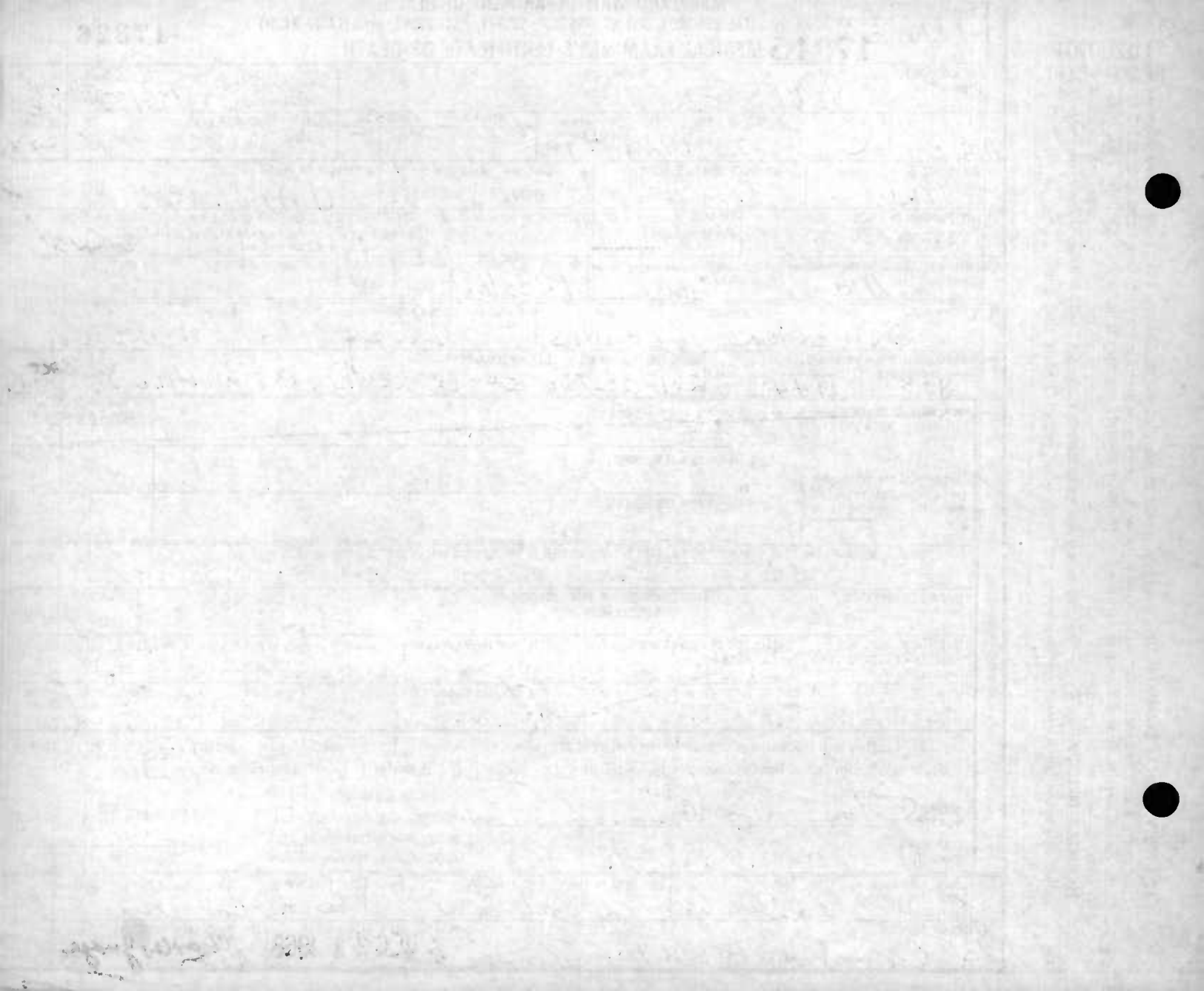
# 17315 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FOR STATE  
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department at Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print) <b>SYLVESTER</b>		First Middle Last		2a. DATE KNOWN OF DEATH <input checked="" type="checkbox"/> Month Day Year <b>12/15/68</b> 19		2b. HOUR <b>8:40</b> P M	
3. SEX <b>MALE</b>	4. RACE <b>C</b>	5. DATE OF BIRTH <b>1-23-1927</b>	6. AGE (in years last birthday) <b>41</b> YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN	2c. DATE PRONOUNCED DEAD Month <b>12</b> Day <b>16</b> Year <b>1968</b>	
7a. BIRTHPLACE (State or foreign country) <b>Md.</b>		7b. CITIZEN OF WHAT COUNTRY? <b>USA</b>		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH <b>Caroline</b>	
10. CITY OR TOWN OF DEATH <b>Preston RFD</b>		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) <b>-----</b>		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) <b>Laborer</b>		12b. KIND OF BUSINESS OR INDUSTRY <b>FARM</b>	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE <b>Md</b>		13b. COUNTY <b>Caroline</b>		13c. CITY OR TOWN <b>Preston</b>		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
14. FATHER'S NAME <b>Sylvester</b>		First Middle Last		15. MOTHER'S MAIDEN NAME <b>Lucy</b>		First Middle Last <b>Brown</b>	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>		16b. SOCIAL SECURITY NO. <b>1944</b>		17. INFORMANT <b>ELMER LEWIS</b>		ADDRESS <b>135 W. Hill St Bldg. Md.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Complete Exsanguination</b> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. <b>8147</b> (b) <b>Loss of greater portion of skull &amp; brain</b> DUE TO, OR AS A CONSEQUENCE OF (c) <b>Auto Accident</b> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>minutes</b> <b>minutes</b> <b>minutes</b>							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <b>Many multiple injuries 15 fracture right femur both arms</b>							
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. TIME OF INJURY Month, Day, Year HOUR A.M. <b>8:20 P.M. 12/16 1968</b>		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) <b>Hit by 2 Automobiles between Baltimore &amp; Frederick</b>			
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) <b>State Road</b>		21f. LOCATION Street or R.F.D. No. City or Town County State <b>RFD Bettesboro Tancred road Preston Caroline Maryland</b>			
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>							
ACTUAL SIGNATURE <b>Harold B. Plummer</b>		EXAMINER'S NAME (Type) <b>Harold B. Plummer M.D.</b>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>		22b. DATE SIGNED <b>1-17/68</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12/21/68</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mt Calvary</b>		23d. LOCATION (City or Town) (County) (State) <b>A &amp; Co. Md</b>	
24. FUNERAL DIRECTOR <b>B. Brown</b>				ADDRESS <b>10826 Montgomery Ave</b>		25a. REC'D BY REGISTRAR <b>DEC 23 1968</b>	
						25b. REGISTRAR'S SIGNATURE <b>Charles Judge</b>	





17316

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17327

FOR STATE  
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Go to Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.  
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print) <u>George Washington Murphy</u>			2a. DATE KNOWN OF DEATH ESTIMATED <u>12-20-68</u>			2b. HOUR OF DEATH <u>11:45</u>		
3. SEX <u>Male</u>	4. RACE <u>Cau.</u>	5. DATE OF BIRTH <u>2-22-15</u>	6. AGE (In years last birthday) <u>53</u> YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	2c. DATE PRONOUNCED DEAD Month <u>12</u> Day <u>20</u> Year <u>1968</u>		
7a. BIRTHPLACE (State or foreign country) <u>Md.</u>		7b. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH <u>Caroline</u>		
10. CITY OR TOWN OF DEATH <u>Ridgely</u>			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) <u>None</u>			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) <u>Maintenance</u>		12b. KIND OF BUSINESS OR INDUSTRY <u>State Roads</u>
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE <u>Md/</u>			13b. COUNTY <u>Caroline</u>		13c. CITY OR TOWN <u>Ridgely</u>	13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER <u>None</u>	
14. FATHER'S NAME First <u>John</u> Middle <u>Murphy</u> Last <u>Murphy</u>			15. MOTHER'S MAIDEN NAME First <u>Iva</u> Middle <u>Clark</u> Last <u>Clark</u>					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>			16b. SOCIAL SECURITY NO. <u>WW 2 220-05-5242</u>		17. INFORMANT ADDRESS <u>Eligabeth Murphy Ridgely, Md.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Severe Brain Damage</u> <u>8120</u> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Fracture of Skull</u> DUE TO, OR AS A CONSEQUENCE OF (c) <u>Automobile Accident</u>								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u> <u>minutes</u> <u>minutes</u>
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <u>8161</u>								
19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21b. TIME OF INJURY Month, Day, Year <u>1:45 P.M. 12/20/68</u>		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) <u>Drove car under end of Tractor Traylor</u>			
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) <u>Central Avenue</u>		21f. LOCATION Street or R.F.D. No. <u>Ridgely Maryland</u>		City or Town <u>Caroline Maryland</u>		
22a. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>								
ACTUAL SIGNATURE <u>[Signature]</u>			CHIEF MEDICAL EXAMINER <input type="checkbox"/>			22b. DATE SIGNED <u>12/22/68</u>		
EXAMINER'S NAME (Type) <u>Harold B. Plummer M.D.</u>			DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>			ADDRESS (Street, city, town, or county) <u>Preston Caroline</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-24-68</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Greensboro</u>		23d. LOCATION (City or Town) (County) (State) <u>Greensboro Caroline Md.</u>		
24. FUNERAL DIRECTOR <u>J. E. Goulais Greensboro, Md.</u>					25a. REC'D BY REGISTRAR DATE <u>DEC 27 1968</u>		25b. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

11-22-57

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D. C. 20535

11-22-57

FOR STATE  
HEALTH DEPT

11-22-57

11-22-57

11-22-57

11-22-57

11-22-57

11-22-57

11-22-57

11-22-57

11-22-57

11-22-57

11-22-57

11-22-57

11-22-57

11-22-57

11-22-57

11-22-57

11-22-57

11-22-57

11-22-57

11-22-57

11-22-57

11-22-57

11-22-57

11-22-57

11-22-57

11-22-57

11-22-57

11-22-57

11-22-57

11-22-57

11-22-57

DEC 21 1957  
FBI - JUNE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

17317										17328																													
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201										CERTIFICATE OF DEATH																													
1. DECEASED-NAME (Type or print)					First GOOTEE					Middle STEVENS					Last NEAL					2a. DATE OF DEATH Month December					Day 3					Year 1968					2b. HOUR 9 P.M.				
3. SEX Male					4. RACE White					5. DATE OF BIRTH September 12, 1878					6. AGE (In years last birthday) 90 YRS.					IF UNDER 1 YEAR MONTHS					IF UNDER 24 HRS. DAYS					IF UNDER 24 HRS. HOURS					IF UNDER 24 HRS. MIN.				
7a. BIRTHPLACE (State or foreign country) Maryland					7b. CITIZEN OF WHAT COUNTRY? USA					8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>					9. COUNTY OF DEATH Caroline Md.																								
10. CITY OR TOWN OF DEATH Federalsburg					11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 320 Maple Avenue					12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Retired Electrician					12b. KIND OF BUSINESS OR INDUSTRY Electrical																								
13a. USUAL RESIDENCE (Where deceased admission) STATE Maryland					13b. CITY OR TOWN Caroline					13c. CITY OR TOWN Federalsburg					13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					13e. STREET AND NUMBER 320 Maple Avenue																			
14. FATHER'S NAME First Frank					Middle Neal					Last Liden					15. MOTHER'S MAIDEN NAME First Sarah					Middle Liden					Last Liden														
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No					(If yes give war or dates of service)					16b. SOCIAL SECURITY NO. 214-30-8675					17. INFORMANT Address Mrs. Olive Andrew, Federalsburg, Maryland																								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial failure</u> <u>4120</u> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Hypertensive cardio-vascular disease</u> DUE TO, OR AS A CONSEQUENCE OF (c) _____																				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 weeks																			
																				10 years																			
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) <u>443X</u>																																							
19a. DATE OF OPERATION					19b. CONDITION FOR WHICH OPERATION WAS PERFORMED										20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?																			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)					21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19					21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)																													
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work					21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)					21f. LOCATION Street or R.F.D. No. City or Town County State																													
22a. I certify that (I) (this hospital) attended the deceased from <u>8-25-65</u> , 19____, to <u>12-3-68</u> , 19____, that (I) (we) last saw the deceased alive on <u>12-3-68</u> , 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.																																							
22b. SIGNATURE <u>Frank M. Anderson M.D.</u>										22c. DATE SIGNED 12-4-68																													
22d. PHYSICIAN'S NAME (Type) Frank M. Anderson M.D.										22e. ADDRESS Federalsburg, Maryland																													
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial					23b. DATE Dec. 5, 1968					23c. NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery					23d. LOCATION (City or Town) (County) (State) Federalsburg, Maryland																								
24. FUNERAL DIRECTOR Frampton Funeral Home, Federalsburg, Maryland										25a. REC'D BY REGISTRAR DATE DEC 16 1968										25b. REGISTRAR'S SIGNATURE Charles Judge																			

17328

EXHIBIT OF REVENUE

17328

RECEIVED  
17328

17328

17328

17328

17328

17328

X

X

X

17328

X

17328

17328

DEC 1 1938

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

17318										DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201										17329																																																	
1. DECEASED-NAME (Type or print)										2a. DATE OF DEATH										2b. HOUR																																																	
MARRY AGNES NEWCOMB										OCT 8 1968										M																																																	
3. SEX F										4. RACE W										5. DATE OF BIRTH										6. AGE (In years last birthday) 75 YRS.										IF UNDER 1 YEAR MONTHS										IF UNDER 24 HRS. HOURS										IF UNDER 24 HRS. MIN.									
7a. BIRTHPLACE (State or foreign country) MD										7b. CITIZEN OF WHAT COUNTRY? USA										8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>										9. COUNTY OF DEATH CAROLINE										Md.																													
10. CITY OR TOWN OF DEATH DENTON										11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)										12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) at home										12b. KIND OF BUSINESS OR INDUSTRY																																							
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MD										13b. COUNTY CAROLINE										13c. CITY OR TOWN DENTON										13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>										13e. STREET AND NUMBER																													
14. FATHER'S NAME First Middle Last ALEXANDER FITZHUGH										15. MOTHER'S MAIDEN NAME First Middle Last CATHERINE WILSON										16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No										16b. SOCIAL SECURITY NO.										17. INFORMANT Mrs. Fred Brown Denton, Md.										Address																			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH																																																											
PART I. DEATH WAS CAUSED BY:										IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION										17 cm																																																	
4129										DUE TO, OR AS A CONSEQUENCE OF																																																											
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.										(b) ANTERIOR WALL HEART DISEASE																																																											
										DUE TO, OR AS A CONSEQUENCE OF																																																											
										(c)																																																											
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)										4201																																																											
19a. DATE OF OPERATION										19b. CONDITION FOR WHICH OPERATION WAS PERFORMED										20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>										20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?																																							
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)										21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19										21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)																																																	
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>										21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)										21f. LOCATION Street or R.F.D. No. City or Town County State																																																	
22a. I certify that (I) (this hospital) attended the deceased from 12/14/66, 19__, to 10/4/68, 19__, that (I) (we) last saw the deceased alive on 10/4/68, 19__, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.																																																																					
22b. SIGNATURE Philip P Felipe MD										DEGREE										ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>										22c. DATE SIGNED 12/11/68																																							
22d. PHYSICIAN'S NAME (Type) Philip P Felipe MD																				22e. ADDRESS Denton, Mo																																																	
23a. BURIAL, CREMATION, REMOVAL (Specify)										23b. DATE Dec. 11, 1968										23c. NAME OF CEMETERY OR CREMATORY DORCHESTER MEM.										23d. LOCATION (City or Town) (County) (State) CAMBRIDGE DOR. MD.																																							
24. FUNERAL DIRECTOR CHARLES V. MOORE DENTON										ADDRESS										25a. REC'D BY REGISTRAR DEC 13 1968										25b. REGISTRAR'S SIGNATURE Charles Judge																																							

TO THE HONORABLE SECRETARY OF THE  
 DEPARTMENT OF AGRICULTURE  
 WASHINGTON, D. C.

FROM THE HONORABLE SECRETARY OF THE  
 DEPARTMENT OF AGRICULTURE  
 WASHINGTON, D. C.

RE: [Illegible]

[Illegible]

[Illegible]

[Illegible]



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

17319										DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201										17330									
1. DECEASED-NAME (Type or print) First Middle Last										2a. DATE OF DEATH Month Day Year										2b. HOUR									
Mary Anna Welch										Dec. 8, 1968										2:A M									
3. SEX			4. RACE			5. DATE OF BIRTH			6. AGE (In years last birthday)			IF UNDER 1 YEAR MONTHS			IF UNDER 24 HOURS			IF UNDER 24 HOURS MIN											
Female			White			Sept. 29, 1889			79 YRS.																				
7a. BIRTHPLACE (State or foreign country)			7b. CITIZEN OF WHAT COUNTRY?			8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>			9. COUNTY OF DEATH																				
Maryland			USA						Caroline, Greensboro, Md.																				
10. CITY OR TOWN OF DEATH			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)			12b. KIND OF BUSINESS OR INDUSTRY																				
Greensboro			Cedar Lane			Retired School Teacher																							
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE			13b. COUNTY			13c. CITY OR TOWN			13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			13e. STREET AND NUMBER																	
Maryland			Caroline			Greensboro						Cedar Lane																	
14. FATHER'S NAME First Middle Last					15. MOTHER'S MAIDEN NAME First Middle Last																								
William Thomas Luff					Rosa Matilda Knight																								
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown (If yes give war or dates of service)					16b. SOCIAL SECURITY NO.					17. INFORMANT Address																			
No					577-48-3297					Louis Pleasanton Chester, Penna.																			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH																			
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4100																													
DUE TO, OR AS A CONSEQUENCE OF (b) Coronary Occlusion																													
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) HYPERTENSIVE ARTERIOSCLEROTIC CV DISEASE 38 d																													
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)																													
4201 DIAPHRAGMATIC HERNIA																													
19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?																				
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)			21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)																							
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>			21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)			21f. LOCATION Street or R.F.D. No. City or Town County State																							
22a. I certify that (I) (this hospital) attended the deceased from Nov 1, 1968, to Dec 8, 1968, that (I) (we) last saw the deceased alive on Dec 8, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.																													
22b. SIGNATURE					DEGREE					ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>					22c. DATE SIGNED														
Charles H. Stonesifer															12/9/68														
22d. PHYSICIAN'S NAME (Type)					22e. ADDRESS																								
Charles H. Stonesifer					Greensboro, Maryland																								
23a. BURIAL, CREMATION, REMOVAL (Specify)			23b. DATE			23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City or Town) (County) (State)																				
Burial			12/11/68			Hollywood Cemetery			Harrington Kent Delaware																				
24. FUNERAL DIRECTOR ADDRESS										25a. REC'D BY REGISTRAR					25b. REGISTRAR'S SIGNATURE														
From Thompson, Federalburg, Maryland										DATE DEC 11 1968					Charles Judge														

1950  
1951  
1952  
1953  
1954  
1955  
1956  
1957  
1958  
1959  
1960

1961  
1962  
1963  
1964  
1965  
1966  
1967  
1968  
1969  
1970

1971  
1972  
1973  
1974  
1975  
1976  
1977  
1978  
1979  
1980

1981  
1982  
1983  
1984  
1985  
1986  
1987  
1988  
1989  
1990

1991  
1992  
1993  
1994  
1995  
1996  
1997  
1998  
1999  
2000

2001  
2002  
2003  
2004  
2005  
2006  
2007  
2008  
2009  
2010

2011  
2012  
2013  
2014  
2015  
2016  
2017  
2018  
2019  
2020

2021  
2022  
2023  
2024  
2025  
2026  
2027  
2028  
2029  
2030

2031  
2032  
2033  
2034  
2035  
2036  
2037  
2038  
2039  
2040

2041  
2042  
2043  
2044  
2045  
2046  
2047  
2048  
2049  
2050

2051  
2052  
2053  
2054  
2055  
2056  
2057  
2058  
2059  
2060

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH										
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201										
CERTIFICATE OF DEATH										
17320										
17331										
1. DECEASED-NAME (Type or print)			First Middle Last			2a. DATE OF DEATH		2b. HOUR		
MILTON LEE WILLIS						December 25 1968		8:30 P.M.		
3. SEX		4. RACE		5. DATE OF BIRTH		6. AGE (In years last birthday)		IF UNDER 1 YEAR		
Male		White		September 10, 1898		70 YRS.		MONTHS DAYS HOURS MIN.		
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH				
Maryland		USA				Caroline Md.				
10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)		12b. KIND OF BUSINESS OR INDUSTRY				
Federalburg		RFD - Laurel Grove Road		Electrical Contractor		Electrical				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE		13b. COUNTY		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER		
Maryland		Caroline		Federalburg				RFD - Laurel Grove Road		
14. FATHER'S NAME			First Middle Last			15. MOTHER'S MAIDEN NAME			First Middle Last	
James S. Willis						Mary Shufelt				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown			(If yes give war or dates of service)			16b. SOCIAL SECURITY NO.			17. INFORMANT Address	
No									Ethel E. Willis, Federalburg, Maryland, RFD	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ruptured myocardic aneurysm</u> DUE TO, OR AS A CONSEQUENCE OF (b) <u>Myocardial infarction</u> DUE TO, OR AS A CONSEQUENCE OF (c) <u>Coronary insufficiency</u>								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
4109								0		
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)								8 weeks		
4201								8 yrs		
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)						
21d. INJURY OCCURRED While <input type="checkbox"/> Nat while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No. City or Town County State						
22a. I certify that (I) (this hospital) attended the deceased from <u>6-17-60</u> , 19 <u>60</u> , to <u>12-23-</u> , 19 <u>68</u> , that (I) (we) last saw the deceased alive on <u>12-23</u> , 19 <u>68</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.										
22b. SIGNATURE					22c. DATE SIGNED					
<u>H. R. Trapenll, M.D.</u>					1-3-69					
22d. PHYSICIAN'S NAME (Type)					22e. ADDRESS					
H. R. Trapenll, M.D.					Federalburg, Maryland 21632					
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City or Town) (County) (State)				
Burial		Dec. 29, 1968		Hill Crest Cemetery		Federalburg, Maryland				
24. FUNERAL DIRECTOR (Name and address)					25a. REC'D BY REGISTRAR		25b. REGISTRAR'S SIGNATURE			
Frampton Funeral Home, Federalburg, Maryland					JAN 13 1969		<u>Charles Judge</u>			

1981

EXHIBIT 10-21

1981



EXHIBIT 10-21

EXHIBIT 10-21

EXHIBIT 10-21

EXHIBIT 10-21

EXHIBIT 10-21

EXHIBIT 10-21

EXHIBIT 10-21

EXHIBIT 10-21